

**GOVERNMENT OF INDIA  
HEALTH AND FAMILY WELFARE  
LOK SABHA**

UNSTARRED QUESTION NO:2178

ANSWERED ON:11.12.2015

Specialised Cadre of Rural Health Care Personnel

Adsul Shri Anandrao ;Patil Shri Shivaji Adhalrao;Shrirang Shri Chandu Barne;Yadav Shri Dharmendra;Yeddyurappa Shri B. S.

**Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:**

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether the Government's plan to create a specialized cadre of healthcare personnel for rural areas has hit a roadblock, if so, the details thereof and the reasons therefor;
- (b) the response of the States/UTs received by the Government in this regard, State/UT-wise;
- (c) whether the Indian Medical Association (IMA) has opposed the move to create a specialized cadre of healthcare personnel for rural areas, if so, the details thereof and the reasons therefor;
- (d) the steps taken/proposed to be taken by the Government to address the apprehensions of IMA and other stakeholders; and
- (e) the other measures being taken by the Government to augment the intake capacity of medical colleges and ensure rural posting of doctors to meet the shortage of healthcare workers in rural areas?

**Answer**

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE

(SHRI JAGAT PRAKASH NADDA)

(a) & (b): Public Health is a State subject. The Cabinet had approved on 13.11.2013, the introduction of a course namely, Bachelor of Science (Community Health) with the objective of creating mid-level health professionals who would possess the necessary public health competencies to serve the rural population. The Ministry has requested all States/UTs to include the proposal for introduction of B.Sc (CH) course in their respective State Programme Implementation Plans under NHM flexi pool.

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(c) & (d): Indian Medical Association (IMA) has objected to B.Sc (CH) course stating that the course will produce substandard health professionals who could not be projected as replacement for doctors in rural areas.

The practice of medicine is governed by the IMC Act, 1956.

(e): The Government is running three Centrally Sponsored Scheme namely:-

(i) Establishment of New Medical Colleges attached with existing district/referral hospitals.

(ii) Upgradation of existing State Government/Central Government medical colleges to increase MBBS seats in the country,

(iii) Strengthening/upgradation of State Government Medical Colleges for starting new PG courses/Increase of PG seats.

Medical colleges can also be set up by a State Government/UT, any University, autonomous body promoted by Central/State Government, a society registered under the Societies Registration Act, public religious or charitable trust and Companies (not for profit) registered under Company Act. There has been consistent increase in the number of medical colleges in the country.

The Central Government, in consultation with Medical Council of India, made the following amendments to its Post Graduate Medical Education Regulations to encourage doctors to serve in the rural areas:

(i) Incentive at the rate of 10% the marks obtained for each year in service in remote or difficult areas upto the maximum of 30% of the marks obtained in the entrance test for admissions in Post Graduate Medical Courses; and

(ii) 50% of the seats in Post Graduate Diploma Courses shall be reserved for Medical Officers in the Government service, who has served for at least three years in remote and difficult areas. After acquiring the PG Diploma, the Medical Officers shall serve for two more years in remote and/or difficult areas.

Further, under NHM, financial incentive is also provided to MBBS as well as PG doctors for serving in the rural areas. These incentives are over and above the salaries of the doctors concerned.

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